

**Proposal for Off-Site Administration
Michigan Merit Examination (MME)
Spring 2008**

MI

The Michigan Department of Education (MDE) expects nearly all high schools will be able to make arrangements to administer the MME in school. Schools with exceptional circumstances must provide written answers to the questions on this form and submit their proposals for off-site testing to ACT by **December 3, 2007**. Principals must receive written authorization from ACT before any off-site location may be used. (Please type or print.)

NOTE: Questions regarding the Michigan state requirements for attendance on test days should be directed to Office of Educational Assessment and Accountability at 877-560-8378 or refer to information on the MDE Web site at www.michigan.gov/mme.

1. Off-Site Testing Proposed for Which Test Date(s) and for Number of Students (Check all that apply.):

<u>Initial Test Date</u>	<u># Students</u>	<u>Makeup Test Date</u>	<u># Students</u>	<u>Accommodations Testing Window</u>	<u># Students</u>
<input type="checkbox"/> 3/11/2008	_____	<input type="checkbox"/> 3/25/2008	_____	<input type="checkbox"/> March 11-25, 2008	_____
<input type="checkbox"/> 3/12/2008	_____	<input type="checkbox"/> 3/26/2008	_____	<input type="checkbox"/> March 12-26, 2008	_____
<input type="checkbox"/> 3/13/2008	_____	<input type="checkbox"/> 3/27/2008	_____	<input type="checkbox"/> March 13-27, 2008	_____

2. High School Information:

Michigan State School Code _____

School Name _____ ACT HS Code _____

Street Address _____

City, State, Zip _____

Principal Name _____

Principal Phone Number _____

3. Proposed Off-Site Location:

a. Institution/Facility Name _____

Building Name _____

Building Street Address _____

City, State, Zip _____

b. Off-site location is what type of institution/facility (check one):

☐ Public high school ☐ Technical high school ☐ Community building
☐ Church ☐ 2-year community college ☐ 4-year college/university
☐ Other (provide description) _____

c. Will students from your school be the **only** students testing at the off-site location?

☐ YES ☐ NO If no, attach a separate page to explain which other students will be testing at the location and provide detailed arrangements for ensuring that your students' test materials will be kept separate.

d. Were you approved to test at this *same* off-site location in 2007? ☐ NO ☐ YES

- If no, you must provide responses to all 10 items on this form.
- If yes, you may skip some items. Provide responses to items 3e through 7 only if that part of your arrangements will be *different* for 2008. **All proposals must address items 8 through 10.**

e. How many rooms will be used at the off-site location? _____

- On a separate page, describe the testing facilities and furniture you plan to use at the off-site location (e.g., classrooms with side-arm desks, 8-foot tables and movable chairs).
- Attach a floor plan of each room to depict your proposed table or desk configuration.

Note: Classrooms of 25-30 examinees are preferred. If large rooms must be used, no more than 100 examinees in one room is preferred. (There must be one proctor for every 25 examinees in the room after the first 25.) Lapboards are *not* permitted; temporary surfaces resting on chair arms must be reviewed and approved by ACT prior to use. All examinees in a room must face the **same** direction and must be seated a *minimum* of 3 feet apart, side-to-side and front-to-back (5 feet apart if multiple-level seating). The following restrictions must be met -- only *ONE* examinee at a round table of any size; only *TWO* examinees along one side of an 8-foot table; if seating two examinees along one side of a 6-foot table, a 3-foot aisle space is required between tables.

On a separate page, describe ***in detail*** your answers to items 4 through 10 below.

4. **Reason(s) for Moving Off Site.** Describe the reason(s) for proposing off-site testing. Specify which Standard Testing Requirements cannot be met at your building that can be met at the proposed off-site location.
5. **Isolation from Public Access.** Describe the provisions for ensuring restriction of public access and uninterrupted quiet during the test sessions. If any test rooms have telephones in or near them, indicate plans to ensure they do not ring during testing.
6. **Transfer of Students to Off-Site Location.** Describe the distance from your school to the off-site location and your plans for students to report directly to that location or be transported to that location.
7. **Storage and Transfer of Secure Materials.**
 - a. Storage at School: Describe the secure, locked storage facilities at your school building where test materials will be stored prior to test day. Include information such as type (e.g., locked cabinet, vault), location (e.g., principal's office), name and title of *all* persons with access/keys, how student access is restricted, etc.
 - b. Transfer: Describe your plans for ensuring continuous "chain of custody" for all secure materials during transfer to the off-site location each morning before testing and back to the school immediately after testing each day. Students may *not* assist with transporting materials, materials may *not* be transported in the same vehicle as students, and testing staff may *not* store materials in personal vehicles or their homes.
 - c. Storage During Testing: Describe the provisions at the off-site location for secure storage of unused materials during testing (e.g., locked closet or restricted area to which no examinees have access). Materials may *not* be stored at the off-site location overnight.
8. **Testing Staff and Test Day Communications.**
 - a. Staff: Provide the total number and titles of school staff who will assist at the off-site location. One room supervisor is required for every test room. One proctor is required for every 25 students (or portion thereof) in each room after the first 25. Even if fewer than 26 students are at the off-site location, a minimum of *TWO* staff must be present during testing.
 - b. Communications: Describe provisions for testing staff to consult with ACT or *MDE* as necessary on test day to resolve irregularities or to communicate with the school's main office to handle disruptions or dismissed students.
9. **Makeup Testing.** Indicate where makeup testing will be conducted and provide the requested information. Makeup testing will be conducted (check one):
 - a. ____ at the *same* off-site location. Be sure you marked these dates on item 1 of this form.
 - b. ____ at a *different* off-site location. You must submit a separate proposal for that location.
 - c. ____ at your school. Describe how all Standard Testing Requirements will be met on the makeup test date.
10. **Accommodations Testing.** Indicate where accommodations testing will be conducted and provide the requested information. Accommodations testing will be conducted:
 - a. ____ at your school. It is recommended that students testing over multiple days be tested at the school. Bells do not need to be turned off during extended time testing.
 - b. ____ at the *same* off-site location. Describe how accommodations testing will be *kept separate from* standard time testing (e.g., different rooms, materials, staff).
 - c. ____ at a *different* off-site location. You must submit a separate proposal for that location.

Signature of School Principal _____

Please submit your proposal by **December 3, 2007**, to:

ACT State Testing – Michigan (55)
301 ACT Drive
P.O. Box 168
Iowa City, IA 52243-0168

Fax: 319/337-1019

(Please keep a copy of your completed proposal for your files.)